

# BUDGET EXPENSE and RESOURCE SUMMARY for Region \_\_\_\_\_

## Payment For Services or Fixed Rate Contract

Number \_\_\_\_\_

Description \_\_\_\_\_

DIVISION: 030

Mental Health, Developmental Disabilities &amp; Addictive Diseases

REPORT CCYYMM: \_\_\_\_\_

LOCAL AGENCY: \_\_\_\_\_

BUDGET APPROVAL CODE: 0

BUDGET PROGRAM: \_\_\_\_\_

BUDGET REVISION: \_\_\_\_\_

### PROPOSED EXPENSES

SCOA	Description	CURRENT BUDGET	+	ADJUSTMENT +/-	=	REVISED BUDGET
622.003	Payment for Services or Fixed Rate Contract	_____		_____		_____

### PROPOSED RESOURCES

Fund Source	Description	CURRENT BUDGET	+	ADJUSTMENT +/-	=	REVISED BUDGET
8001	Payment for Services or Fixed Rate Contract	_____		_____		_____

### AGENCY SIGNATURE

I certify that to the best of my knowledge, the information on this summary is a true and accurate statement of the expenses and consumers served for the specified month.

\_\_\_\_\_  
Authorized Agency Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

### DMHDDAD SIGNATURE

Reviewed By:

\_\_\_\_\_  
Authorized DMHDDAD Signature

\_\_\_\_\_  
Date